

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 200  
Registered No. 511

1. PLACE OF BIRTH

County Gila State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child

Rosa Garcia

(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date August 30 1930  
of birth Month Day Year

5. No., in order of birth

yes

8.

FATHER

Full name

Jaime Garcia

9. Residence

(Usual place of abode)

Grover Canyon

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 23 (Years)

12. Birthplace (city or place)

Mexico City

(State or country)

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name

Marina Lima

15. Residence

(Usual place of abode)

Grover Canyon

If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday 20 (Years)

18. Birthplace (city or place)

Chihuahua

(State or country)

Chi Mexico

19. Occupation

Nature of industry

Domestic

20. Number of children of this mother

2

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living

2

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum.

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a.m. on the date above stated.  
(Born alive or stillborn)

Signature

Guana Martinez

(Physician or midwife).

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report.

Month, day, year

Address

Filed

Sept 20 1930

Registrar.

Registrar.

971-830-231